



STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION
EMPLOYMENT SECURITY DIVISION
AFFIDAVIT CONCERNING DECEASED OR INCOMPETENT PERSON

DATE: _____

State of : _____
County of: _____

Re: _____
Name of Deceased/Incompetent Claimant
Social Security Number: _____

Before me, a Notary Public of the State and County aforesaid, personally appeared _____,

who, being duly sworn according to law, says:

(Name of deceased or incompetent person) _____ to whom benefit warrant number _____ dated _____ was issued for the sum of \$ _____, died _____, 20____, at *(City or County)* _____ before payment of the benefit warrant had been made.

No executor or administrator has been appointed or is contemplated, to the best of the affiant's knowledge and belief.

Affiant is related to said deceased/incompetent claimant as *(Relationship)* _____ and there is no other person who would be an heir of said deceased or incompetent claimant. This affiant asks the Employment Security Division to issue the affiant a warrant in lieu of such original warrant.

 (Signature of Affiant)

SWORN AND SUBSCRIBED BEFORE ME THIS _____
 DAY OF _____, 20____.

 Notary Public

My Commission Expires _____

NOTARY STAMP

NOTE: SUPPORTING DOCUMENTS MUST ACCOMPANY THIS REQUEST

Return this form to:
 State of Nevada
 Employment Security Division
 500 E. 3rd St.
 Carson City, NV 89713